

SFN 6796 (6/93)

## **REQUEST TO FILL VACANT POSITION**STATE OF NORTH DAKOTA

Coding		

Department/Agency					Division/Unit				
Classification/Grade			F	Position Number					
Name of Last Incumbent Date Posi		Date Position Vacated	Position Vacated		Anticipated New Hire Date				
Reason for Vacancy (Attach Additional Sheet if Necessary)									
Number of Authorized FTE in Unit	Number of	ber of Current Vacancies Number of Temps in Unit			Source of Funds				
Justification to Fill Position (Attach Additional Sheet if Necessary)									
Justification to Fili Position (Attach Additional Sneet if Necessary)									
Impact if Position Is Not Filled (Attach Additional Sheet if Necessary)									
Alternatives to Filling Vacancy (Attach Additional Sheet if Necessary)									
* ADDDOVAL MUST BE DECEIVED DEFODE EVTENDING AN OFFED OF FAMIL OVALENT									
* APPROVAL MUST BE RECEIVED BEFORE EXTENDING AN OFFER OF EMPLOYMENT.									
AGENCY SIGNATURES: Appointing Authority		Agency Head			Date				
REVIEW:									
Request to Fill Vacant Position Is Approved Denied									
Comments									
Hiring Council					Date				